

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	800	15316	9/18/00
O.I.P.E. CLASSIFIER		19	6/19/00
FORMALITY REVIEW		19/CS	6/19/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	6/15/00
2	1	1	6/15/00
3	1	1	6/15/00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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